MARYLAND JUDICIARY

APPLICATION FOR BEREAVEMENT LEAVE

_____
Date

I request that my absence of _____ days, from _____ to _____ inclusive, which was occasioned by a death in my family, be charged to bereavement leave.

Name of Deceased: _____

Address: _____

Relationship to Employee: _____

Date of Death: _____   **Date of Funeral:** _____

Place of Service: _____   _____
                                City   State

Remarks: _____

_____

_____

_____   ____ Approved

          Employee's Signature   ____ Denied

Reason for denial:_____

_____
Supervisor's Signature   Date

_____
Administrative Official's Signature   Date

(Please see Policy on Bereavement Leave for rules by which bereavement leave may be taken. Please attach this form to sick leave request form if you also are taking sick leave in conjunction with bereavement leave)